



College Verification Form

Alternative Early Childhood and Elementary Program

This form is for an applicant with a provisional certificate through the Alternative Early Childhood and Elementary Program who is applying for renewal or standard certification.

>>> A: THIS SECTION TO BE COMPLETED BY THE APPLICANT					
Name:					
	Last First			Middle Maiden	
Social Security Number:					
>>> B: THIS SECTION TO BE COMPLETED BY AN ACCREDITED COLLEGE EDUCATION DEPARTMENT					
I,, can confirm that the following courses were passed by the educator listed					
above at this college and are approved as part of an educator preparation program in (select one):					
			\bigcirc	Early Childhood Elementary E	ducation
	Main Content of Cour	se	Course Code	Course Name	Credits Earned (Semester Hours)
Year One	Classroom Management				
	Reading Instruction				
Year Two	Child Development				
	Math Instruction				
Year Three	Other Education Topic				
	Other Education Topic				
				Total Credits Approved:	
Print Name (Education Department Official)		Title		Signature (Education Department Official)	Date
College or University (and State if not OK)		Phone Number		Email Address	